



PTO/SB/21 (09-04)

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TRANSMITTAL FORM		Application Number		09/332,317	
(to be used for all correspondence after initial filing)		Filing Date		June 14, 1999	
		First Named Inventor		Bennet et al.	
		Art Unit		3621	
		Examiner Name		Elisca, Pierre E.	
		Attorney Docket Number		P93-00-DD	
Total Number of Pages in This Submission		16			
ENCLOSURES (check all that apply)					
<input checked="" type="checkbox"/> Fee Transmittal Form		<input type="checkbox"/> Drawing(s)		<input type="checkbox"/> After Allowance Communication to TC	
<input checked="" type="checkbox"/> Fee Attached		<input type="checkbox"/> Licensing-related Papers		<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences	
<input checked="" type="checkbox"/> Petition To Revoke		<input type="checkbox"/> Petition		<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)	
<input checked="" type="checkbox"/> Request For Continued Examination Under 37 CFR §1.114, Response To Office Action And Request For Interview		<input type="checkbox"/> Petition to Convert to a Provisional Application		<input type="checkbox"/> Proprietary Information	
<input type="checkbox"/> Express Abandonment Request		<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address		<input type="checkbox"/> Status Letter	
<input type="checkbox"/> Information Disclosure Statement		<input type="checkbox"/> Terminal Disclaimer		<input checked="" type="checkbox"/> Return-Receipt Postcard	
<input type="checkbox"/> Certified Copy of Priority Document(s)		<input type="checkbox"/> Request for Refund		<input type="checkbox"/> Other Enclosure(s) (please identify below):	
<input type="checkbox"/> Reply to Missing Parts/Incomplete Application		<input type="checkbox"/> CD Number of CD(s) _____			
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		<input type="checkbox"/> Landscape Table on CD			
Remarks					
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT					
Firm		Ronald Spuhler			
Signature		Ronald Spuhler			
Printed Name		Ronald Spuhler, Reg. No. 52, 245			
Date		December 13, 2005			
CERTIFICATE OF MAILING					
I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop Petition, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on 12/13/2005.					
Name (Print/type)		Ronald H. Spuhler		Registration No. (Attorney/Agent)	
Signature		Ronald Spuhler		Date	
				52,245	
				12/13/2005	

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Effective on 12/08/2004.

Fees pursuant to the consolidated Appropriates Act, 2005 (H.R. 4818).

**FEE TRANSMITTAL
for FY 2005**

Complete if Known

Application Number	09/332,317
Filing Date	June 14, 1999
First Named Inventor	Bennet et al.
Examiner Name	Elisca, Pierre E.
Art Unit	3621
Attorney Docket No.	P93-00-DD

☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 2290.00

METHOD OF PAYMENT (check all that apply)

☒ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____☐ Deposit Account Deposit Account Number: 13-0017 Deposit Account Name: McAndrews Held & Malloy

For the above-identified deposit account, the Director is hereby authorized to (check all that apply)

☐ Charge Fee(s) indicated below ☐ Charge Fee(s) indicated below, except for the filing fee☐ Charge any additional fee(s) or underpayments of fees(s) ☐ Credit any overpayments under 37 CFR 1.16 and 1.17

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FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid(\$)
	Fee (\$)	Small Entity Fee(\$)	Fee(\$)	Small Entity Fee(\$)	Fee(\$)	Small Entity Fee(\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee(\$)	Small Entity Fee(\$)
Each claim over 20, or for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180
Total Claims		
-20 or HP	x	=
HP = highest number of total claims paid for, if greater than 20		
Indep. Claims		
-3 or HP	x	=
HP = highest number of independent claims paid for, if greater than 3		

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee(\$)	Fee Paid(\$)
-100	/50	(round up to a whole number)	x	=

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: Petition To Revoke

Request For Continued Examination

SUBMITTED BY

Signature	Ronald Spuhler	Registration No. (Attorney/Agent)	52,245	Telephone	(312)775-8000
Name (print/type)	Ronald H. Spuhler	Date	12/13/2005		